

# Indiana State Board of Health Facility Administrators

First Quarter 2013 Edition



## **Board Members:**

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Kelly Borrer, HFA, Vice Chair  
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William Province, Physician Member

## **Administrative Staff:**

Tasha Coleman, Director  
Crystal Smith, Assistant Director  
Kathy Dishman, Case Manager

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## **Helpful Links:**

NAB: [www.nabweb.org](http://www.nabweb.org)  
IHCA: [www.ihca.org](http://www.ihca.org)  
IAHSA: [www.iahsa.com](http://www.iahsa.com)  
HOPE: [www.hoosierownersandproviders.org](http://www.hoosierownersandproviders.org)

## **2013 Meeting Dates:**

- ❖ January 22
- ❖ March 26
- ❖ May 21
- ❖ July 23
- ❖ September 24
- ❖ November 19

All meetings are held in RM W064 of the Indiana Government Center South, 402 West Washington Street, Indianapolis, IN 46204.

## **Survey News:**

It is helpful to have knowledge of situations throughout the state which have resulted in deficiencies involving (or attributed) to health facility administration. Below are examples of such citations during 2012:

### **2012 Immediate Jeopardy Citations - F 490 Administrations**

The facility failed to ensure that the facility was administered in a manner that enabled residents to attain and maintain the highest practicable physical, mental, and psychosocial well-being by not following State and Federal regulations and facility policy to ensure

1. allegations of verbal and physical abuse against 2 dependent residents (i.e., transferring residents against their will),
2. using unsafe and physically inappropriate transfer methods,
3. cursing and arguing with another staff member in front of residents by facility staff, potentially affecting 43 residents, and
4. an allegation of an observed physical and verbal altercation between 2 staff members, potentially affecting 18 residents within seeing and hearing distance of the altercation were thoroughly investigated, reported to State Agency as required by law, and that resident safety was assured.

The facility failed to communicate effectively with the administrator, therefore the administrator was unaware of the high water temperatures and the unsafe side rails.

### **2012 Quality Indicator Survey (QIS) Citations- F 490 Administration**

The facility failed to have policies to address care areas for residents who were reviewed for the care areas of pressure ulcers, foley catheter use, and nebulizer treatments.

The facility failed to communicate effectively with the administrator; therefore, the administrator was unaware of the high water temperatures and the unsafe side rails (cited at a lesser scope and severity than the aforementioned Immediate Jeopardy).

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## **Continuing Education Opportunities:**

**"Navigating the Challenges of Network Security, Data Breach and Risk Transfer" Webinar (1 CEU for Indiana Administrators)**

**Date: February 5  
Time: 10:00 am - 11:00 am EST  
Fee: FREE for IHCA Members; \$50 for Non-members**

Learning objectives for this webinar include:

- PREPARING FOR NETWORK SECURITY
- COMPLIANCE with HIPPA and data breaches, OCR audit status and preparation, and HIPPA security non-compliance penalties
- RISK TRANSFER SOLUTIONS

**Quality Leadership Workshop (6 CEUs for IN Administrators and Social Workers)**

**Date: February 7  
Time: 9:00 am - 4:00 pm EST  
(Registration - 8:30 am)  
Location: Caribbean Cove Hotel & Conference Center  
3850 DePauw Boulevard, Indianapolis  
Fee: IHCA Member: \$75; Non-member: \$150**

This workshop focuses on three essential components of quality leadership: *Motivation, Humor and Communication*. The workshop will focus on how to put it all together in the workplace.

*For more information on these events, visit the [Webinars & Training page of the IHCA website](#) or [REGISTER NOW!!](#)*

## **What is a Provisional License and when is it Granted?**

840 IAC 1-1-14 provides explanation as to criteria to be met should an individual be issued a provisional HFA license. That criteria includes: (1) has at least two (2) years of administrative experience in a licensed HF; and (2) has complied with the conditions of IC 25-19-1-3(a)(1).

Please be reminded of IC 25-19-1-3 which states (b) The board may issue a provisional license for a single period not to exceed six (6) months for the purpose of enabling a qualified individual to fill a health facility administrator position that has been unexpectedly vacated."

When considering requesting a provisional license, an individual, or corporation, should first determine whether the rationale for the request meets the definition of the position being "unexpectedly vacated." For example, an anticipated termination of an administrator (e.g., the individual has already been placed on a performance improvement plan) would not be considered a position "unexpectedly vacated" unless sudden circumstances warranted immediate termination. On the other hand, an unforeseen resignation due to serious illness, injury or death would constitute an unexpected vacancy of the position.

Questions regarding the definition and/or interpretation of a position being "unexpectedly vacated" may be directed to Tasha Coleman at IPLA.

## **The following recommendations concerning influenza were provided by the Indiana State Department of Health.**

The 2012-2013 Flu Season has arrived in Indiana. Influenza is particularly virulent this season and can be particularly harmful to the population over age 60. All of the predominant strains going around are in this year's vaccine and will be effective in helping to prevent the illness in those who receive the vaccine. Individuals who have still not been vaccinated are encouraged to be vaccinated.

Long Term Care facilities should take steps to protect their residents and staff. The following are some suggestions on steps the facilities should consider in implementing an effective influenza control program:

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**1. STAFF:** By Indiana law [IC 16-28-14.5], facilities must annually administer, or make available to be administered, immunization against the influenza virus to all employees (to include nursing, dietary, housekeeping, maintenance, administration, etc.) of the long term care facility. The facility should educate employees about the importance of having immunization and obtain employees' consent.

Employees who are experiencing signs or symptoms of illness should not be allowed to work and should be encouraged to remain home rather than come to the facility.

Employees should be educated about the spread of influenza including the fact that they may be contagious even if they are not experiencing signs or symptoms if they have been exposed to the virus.

More than anything, this is a time for staff to closely adhere to good infection prevention practices. Employees should be in-serviced on good infection control techniques, signs and symptoms to watch for in the residents, and the precautions required for the different types of isolation. Employers should actively monitor staff and visitors to ensure that appropriate infection control practices are being followed.

**2. RESIDENTS:** Pursuant to state and federal law, all residents should receive immunization against the influenza virus on an annual basis unless clinically contraindicated or refused. If the immunization is refused, the resident (or resident's responsible party) should receive education including a thorough explanation of the risks involved in the resident not receiving the immunization.

Residents with signs and symptoms of an influenza-like illness should be immediately brought to the attention of the physician and

anti-viral medication considered. Residents should be monitored closely for any change in condition that may indicate complications such as pneumonia.

CDC guidelines currently recommend that if a facility has two residents confirmed with influenza, the Medical Director should consider the prophylactic administration of Tamiflu for residents in close proximity to the ill residents.

**3. VISITORS:** Facilities should send communication to families, churches, and other known frequent visitors to inform them of the dangers of resident exposure to the influenza virus. This communication may include a request that no one visit who is either experiencing signs or symptoms of influenza or is aware that they have been exposed to the influenza virus.

Facilities should post signs at entrances that ask visitors who are experiencing influenza-like illness to refrain from entering the building and ensure the ready availability of hand sanitizing supplies throughout the facility.

Facilities should provide information to visitors on infection prevention practices such as frequent hand hygiene.

Facilities should ensure that anyone attending group activities is not experiencing signs or symptoms of influenza. Facilities might want to consider smaller activities to limit potential exposure of a large group.

## CDC Guidance for Influenza Outbreak Management in LTC

In 2011, the Centers for Disease Control and Prevention (CDC) developed [Guidance for Influenza Outbreak Management in Long Term Care Facilities](#). The document includes information on planning before outbreaks occur, testing, daily surveillance, and antiviral treatment.